

TRANSCRIPT ORDER

DUE DATE:

1. NAME Paul Stoller				2. PHONE NUMBER 602 530-8220		3. DATE October 8, 2018	
4. FIRM NAME Gallagher & Kennedy, P.A.							
5. MAILING ADDRESS 2575 E Camelback Rd Suite 1100				6. CITY Phoenix		7. STATE AZ	
8. ZIP CODE 85016							
9. CASE NUMBER MD-15-02641-PHX-DGC		10. JUDGE Judge Campbell		DATES OF PROCEEDINGS			
				11. 10/4/2018		12.	
13. CASE NAME Bard IVC Filters Products Liability Litigation				LOCATION OF PROCEEDINGS			
				14. Phoenix		15. STATE AZ	
16. ORDER FOR							
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)							
PORTIONS		DATE(S)		PORTION(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)							
<input type="checkbox"/> OPENING STATEMENT (Defendant)							
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING		10/4/2018 (Case Mgt Conf)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)							
<input type="checkbox"/> OPINION OF COURT							
<input type="checkbox"/> JURY INSTRUCTIONS				<input type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING							
<input type="checkbox"/> BAIL HEARING							
18. ORDER							
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)		ESTIMATED COSTS	
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY			
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/> PDF (e-mail)			
7 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> ASCII (e-mail)			
3 DAYS	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
DAILY	<input type="checkbox"/>	<input type="checkbox"/>					
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>					
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>					
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				E-MAIL ADDRESS paul.stoller@gknet.com			
19. SIGNATURE /s/ Paul L. Stoller				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.			
20. DATE 10/8/2018							
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL			
ORDER RECEIVED	DATE	BY	PROCESSED BY		PHONE NUMBER		
DEPOSIT PAID			DEPOSIT PAID				
TRANSCRIPT ORDERED			TOTAL CHARGES				
TRANSCRIPT RECEIVED			LESS DEPOSIT				
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED				
PARTY RECEIVED TRANSCRIPT			TOTAL DUE				

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY